

March 19, 2014
Senator Crisco
Representative Megna
Senator Kelly
Representative Sampson

Members of the Insurance and Real Estate Committee:

RE: HB 5579 AAC Extending the Grace Period for Nonpayment of Premium for Certain Health Plans and Concerning Disclosure by Health Carriers to Health Care Providers of Enrolless' Paid up Status.

I am writing today to set the record straight regarding certain inaccurate comments made during the public hearing on Tuesday. ConnectiCare is a Qualified Health Plan participating on Access Health CT with almost 17,000 members. We oppose HB 5579 for the reasons identified in the Connecticut Health Plan Association testimony. The 90-day grace period for non-payment of premium is a new provision under the Affordable Care Act. ConnectiCare takes this provision seriously. In order to comply with this provision, ConnectiCare has provided several options for providers to check the status of an enrollee during the grace period. These options both identify the enrollment status of an enrollee (enrolled, not enrolled) and also clearly identify a "pending" status for an enrollee, where applicable:

- If a provider goes to ConnectiCare's provider web portal and logs in to conduct a self-service eligibility check, the ConnectiCare web portal message says: PENDING
- If a provider goes to CCI's provider web portal to check on the status of a particular claim for services on an Exchange member, and the date of service was during the grace period (days 31-90), the ConnectiCare web portal message says: PENDING - Exchange Plan Non Payment of Premium
- 3. If a provider requests the eligibility status on an Exchange member through an EDI 27X transaction (provider clearinghouse), the ConnectiCare web portal message says: INACTIVE: pending eligibility update

Because ConnectiCare has developed a web portal that addresses the concerns raised in testimony, ConnectiCare urges the Committee's rejection of this bill.

Sincerely,

Janice Perkins

Director, Government Relations